



USAID
FROM THE AMERICAN PEOPLE



Strengthening Family Planning Project

تعزيز تنظيم الأسرة

Annual Report

October 1, 2012–September 30, 2013

Submitted to:

Ziad Muasher
Agreement Officer's Representative (AOR)
USAID/Jordan

Submitted by:

Reed Ramlow
Chief of Party
Strengthening Family Planning Project
Abt Associates Inc.

October 10, 2013

Strengthening Health Outcomes through the Private
Sector (SHOPS)
Associate Cooperative Agreement No. 278-A-00-10-
00434-00

The information contained in this document is considered
CONFIDENTIAL and is intended for the recipient and their
authorized representatives only. Any unauthorized distribution is
strictly prohibited without the prior written consent of submitter.

Abbreviations

AOR	Agreement Officer's Representative
BCC	Behavior Change Communication
BOD	Board of Directors
BSP	Bayer Schering Pharma
CBO	Community-Based Organization
CCA	Circassian Charity Association
CHW	Community Health Worker
CMIS	Clinic Management Information System
COC	Combined Oral Contraceptive
CPR	Contraceptive Prevalence Rate
CYP	Couple Years of Protection
DPMA	Depot Medroxyprogesterone Acetate
ECCD	Early Childhood Care and Development
ECP	Emergency Contraceptive Pills
EBM	Evidence Based Medicine
ERP	Enterprise Resource Planning
EU	European Union
FP	Family Planning
GOJ	Government of Jordan
GP	General Practitioner
GUVS	General Union of Voluntary Societies
HCAC	Health Care Accreditation Council
HMIS	Health Management Information System
HPC	Higher Population Council
HPP	Health Policy Project
HQ	Headquarters
HR	Human Resources
HRH	Human Resources for Health
HRM	Human Resources Management
HSSII	Health Systems Strengthening II project
ICDL	International Computer Driving License
IEC	Information, Education and Communication
IUD	Intrauterine Device
IUCD	Intrauterine Contraceptive Device
JAFPP	Jordan Association of Family Planning and Protection
JHCP	Jordan Health Communication Partnership
JICA	Japan International Cooperation Agency
JPA	Jordan Pharmacists Association
JUH	Jordan University Hospital
MWRA	Married Women of Reproductive Age
M&E	Monitoring & Evaluation
MoF	Ministry of Finance
MoH	Ministry of Health
MoPIC	Ministry of Planning and International Cooperation
MoSD	Ministry of Social Development
MoU	Memorandum of Understanding
NGO	Non-Governmental Organization
NWD	Network Doctor
OB/Gyn	Obstetric/Gynecologist
OCP	Oral Contraceptive Pill

OJT.....On-the-Job Training
USAID/PFH...USAID Population and Family Health Team
PMP.....Performance Monitoring Plan
POPProgestin Only Pills
POSPoint of Service
PR.....Public Relations
PSP.....Private Sector Project for Women's Health
QA.....Quality Assurance
RH.....Reproductive Health
SHOPSStrengthening Health Outcomes through the Private Sector
SMS.....Short Message Service
STTA.....Short Term Technical Assistance
SWOTStrengths, Weaknesses, Opportunities and Threats
TATechnical Assistance
TFRTotal Fertility Rate
ToT.....Training of Trainers
UNRWAUnited Nations Relief and Works Agency for Palestinian Refugees

Table of Contents

Abbreviations	2
Executive Summary	1
Background 1	
Major activities in year 3	1
Key milestones achieved in year 3	2
Publications/Products Produced	3
A. Strengthened management and governance systems and increased financial sustainability at JAFPP	3
Major activities in year 3	3
Key milestones achieved in year 3	3
Progress 4	
Challenges and solutions	11
B. Increased access to and quality of private sector family planning services	11
Major activities in year 3	11
Key milestones achieved in year 3	12
Progress 12	
B.7. NGO performance-based family planning service grants	20
Challenges and solutions	20
C. Increased demand for family planning products and services in the total market	21
Major activities in year 3	21
Key milestones achieved in year 3	21
Progress 22	
Challenges and solutions	35
Monitoring, evaluation, and research.....	35
Project management, administration, and finance	36
Human resources	36
Budget realignment	37
Financial summaries	38

Appendix 1: Annual Milestones Report

Executive Summary

Background

Under the Strengthening Health Outcomes through the Private Sector (SHOPS) Leader with Associates (LWA) Cooperative Agreement, USAID/Jordan issued an Associate Award to Abt Associates for a five-year program called “Strengthening Family Planning” or in Arabic, *Ta’ziz Tanzim Al Usra* (in short, *Ta’ziz*).

The goal of this project is to expand the access, quality and utilization of family planning (FP) services through engagement with the private, non-governmental sector in Jordan. The program will contribute to increased availability and use of modern contraceptive methods, a reduction in the current high rates of discontinuation and a reduction in unmet need. The project will realize these goals by working with the private sector, collaborating with both for-profit and non-profit non-governmental organizations. The project has three primary result areas:

- A. Strengthened management and governance systems and increased financial sustainability at the Jordan Association for Family Planning and Protection (JAFPP)
- B. Increased access to and quality of private sector family planning services
- C. Increased demand for family planning products and services in the total market

This report conveys the results of the third full year of program implementation from October 1, 2012 to September 30, 2013.

Major activities in year 3

During year 3 of the project, the team continued building on the solid foundation of assessments and research conducted during year 1 and scaled up interventions at the systems level started during year 2, to assure comprehensive effectiveness and sustainability.

At JAFPP, the project’s emphasis was building capacity of staff to use the systems introduced in years 1 and 2. Capacity building efforts focused on the areas of human resource management, overall JAFPP management practices of the JAFPP board of directors and executive staff, using data for decision-making, and clinic management procedures. JAFPP clinics saw a dramatic increase in supportive supervision visits using objective supervision instruments to provide clinical quality assurance and feedback. The project supported infrastructure improvements at JAFPP through clinic purchases, renovations, and equipment. In year 3, the project continued its comprehensive clinical training program covering FP and additional new topics for staff from JAFPP, UNRWA, the private doctors’ network (NWDs), pharmacists, and community health workers. With the opening of newly renovated and equipped clinics, project efforts increased in helping JAFPP market its clinics to build demand. Improved marketing capacity at JAFPP has been a major success of year 3. The project conducted a broad range of demand generation activities. Ta’ziz completed implementation of the national OCP social marketing campaign, which produced excellent results in terms of influencing consumer KAP and boosted sales at pharmacies. The project also launched the first phase of a comprehensive social marketing campaign to promote the use of IUD, in an effort to expand its use, contributing to a rise in modern method CPR.

Key milestones achieved in year 3

A. Strengthened management and governance systems and increased financial sustainability at JAFPP

- JAFPP obtained the King Abdullah II Center for Excellence's Mark of Best Practice award.
- JAFPP achieved 94% compliance with human resources (HR) procedures and the HR coordinator earned an HRM diploma.
- In Q3 of year 3, all seventeen JAFPP clinics met client visit targets, up from two clinics when the bonus system began.
- JAFPP approved three clinic business plans that target a 50% or higher increase in visits and cost recovery that exceeds 95% within a two-year timeframe.

B. Increased access to and quality of private sector family planning services

- Provided FP clinical and counseling training to 540 participants
- Fourteen out of 17 JAFPP clinics surpassed a target of 85% adherence to the association's clinical guidelines and policies for FP services.
- Implemented a quality scoring system for clinic supervision, supported by updated performance checklists, as part of the JAFPP clinic management information system (CMIS).
- Standardized client file and service records are in use and ready for installation in the new CMIS.
- JAFPP's headquarters clinic in Sport City accredited by the HCAC.
- Completed development of 21 critically appraised topics (CATs) for IUDs and 15 CATs for birth spacing, and updated 17 CATs for progestin-only pills (POPs) and 19 CATs for combined oral contraceptives (COCs).
- Completed impact evaluation study on the evidence-based medicine (EBM) program for depot medroxyprogesterone acetate (DMPA).
- Conducted 1,200 academic detailing visits to 300 doctors covering EBM topics related to POPs and IUDs.
- Conducted 10 EBM roundtable discussions on IUDs with 211 private doctors.

C. Increased demand for family planning products and services in the total market

- JAFPP held 12 family fairs at newly renovated clinics that attracted 5,120 participants, and produced 1,891 follow-on clinic visits and 812 new clients
- Reactivated the JAFPP "Friends" network that executed 264 information, education, and communication (IEC) and referral sessions, and 796 detailing visits to pharmacies
- Completed a JAFPP image perception survey among policymakers, FP stakeholders, donors and the media
- Completed the second phase of the oral contraceptive pill (OCP) social marketing campaign
- Implemented the first wave of the IUD social marketing campaign
- Published 102 "press corner" advertorials in Al Rai and Al Dustour daily newspapers
- Produced and distributed revamped IEC materials including FP display bags, FP methods booklets, FP posters and flip charts, anatomy charts in English and Arabic
- Conducted home-based visits to 237,977 Jordanian women through the community outreach program

Publications/Products Produced

A. Strengthened management and governance systems and increased financial sustainability at JAFPP

- Study Tour Report: JAFPP Visit to the Indonesian Planned Parenthood Association
- JAFPP Financial Sustainability Report
- Midterm Review of JAFPP Program Interventions
- JAFPP procurement manual

B. Increased access to and quality of private sector family planning services

- Menopause, health maintenance, and contraception training module
- Clinical breast examination training module
- Long term contraception counseling training module
- Updated performance checklists for quality improvement/assurance
- JAFPP medical waste management standards

C. Increased demand for family planning products and services in the total market

- Jordan Social Marketing Campaign to Promote the Pill Delivers Promising Results (poster); World Social Marketing Conference, Toronto, Canada, 2013

A. Strengthened management and governance systems and increased financial sustainability at JAFPP

Major activities in year 3

- Upgraded IT infrastructure and established an electronic connection between clinics and HQ
- Implemented a maintenance management system at all JAFPP clinics
- Implemented standard process flow and time standards at all JAFPP clinics
- Assessed the revised clinic bonus system
- Supported JAFPP preparations for a compliance audit and compliance report for the King Abdullah II Center for Excellence's Mark of Best Practice award competition
- Developed a JAFPP procurement manual that provides guidelines for compliance with USAID procurement rules and regulations
- Conducted a project midterm review to assess the effectiveness of project interventions with the JAFPP
- Delivered a management training program for clinic managers
- Facilitated a study tour of the Indonesian Planned Parenthood Association
- Supported certified HRM diploma training for the JAFPP HR coordinator
- Implemented a business development capacity building program
- Developed new pricing recommendations for the JAFPP
- Developed three business plans for select JAFPP clinics

Key milestones achieved in year 3

- JAFPP obtained the King Abdullah II Center for Excellence's Mark of Best Practice award.
- JAFPP achieved 94% compliance with human resources (HR) procedures and the HR

coordinator earned an HRM diploma.

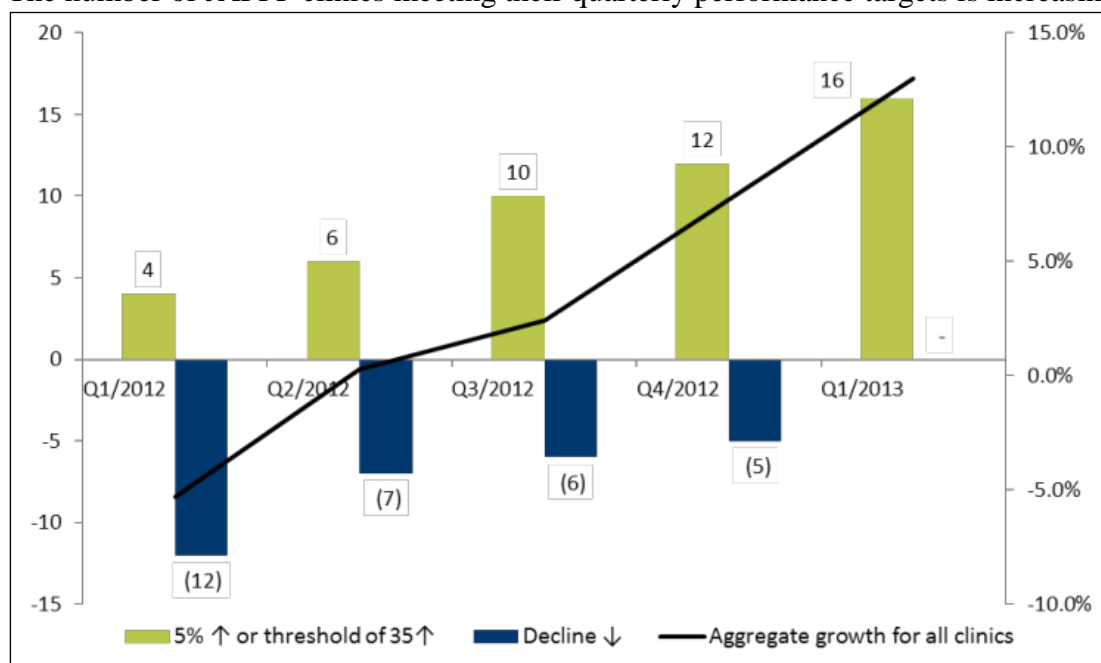
- In Q3 of year 3, all seventeen JAFPP clinics met client visit targets, up from two clinics when the bonus system began.
- JAFPP approved three clinic business plans that target a 50% or higher increase in visits and cost recovery that exceeds 95% within a two-year timeframe.

Progress

In year 3, the project continued supporting JAFPP organizational strengthening with the aim of reinforcing changes introduced since project inception, building skills and capabilities of JAFPP staff and striving to improve the association's prospects for financial sustainability.

The project gave special attention to facilitating the implementation of clinic-centered organizational systems, and it has developed a coaching program that includes frequent follow up visits (five full-day visits/clinic). This program has generated a quick impact on the successful implementation of the maintenance management plan and the new client flow and time standards of medical services. With these improvements and the clinic bonus system, clinics have improved their productivity and have produced an increased number of clients.

The number of JAFPP clinics meeting their quarterly performance targets is increasing:



The bonus system for clinics proved to be a success and in order to sustain its positive impact the project has assessed the perception of JAFPP staff about its effectiveness. The project recommended to JAFPP that it enact additional key performance indicators (KPIs) for client satisfaction and clinical adherence to guidelines immediately. We also recommended that it enact KPIs for consistent performance as soon as feasible.

To complement the team bonuses, the project supported the development of a performance-based incentive plan for individual staff. The project considered several options and recommended a system of incremental compensation consisting of a cost-of-living-allowance (COLA) and a performance bonus. Cost implications of applying the system were also calculated. The project presented and discussed its recommendations with the JAFPP board

of directors, which decided to place the plan on hold for reconsideration sometime after 2013.

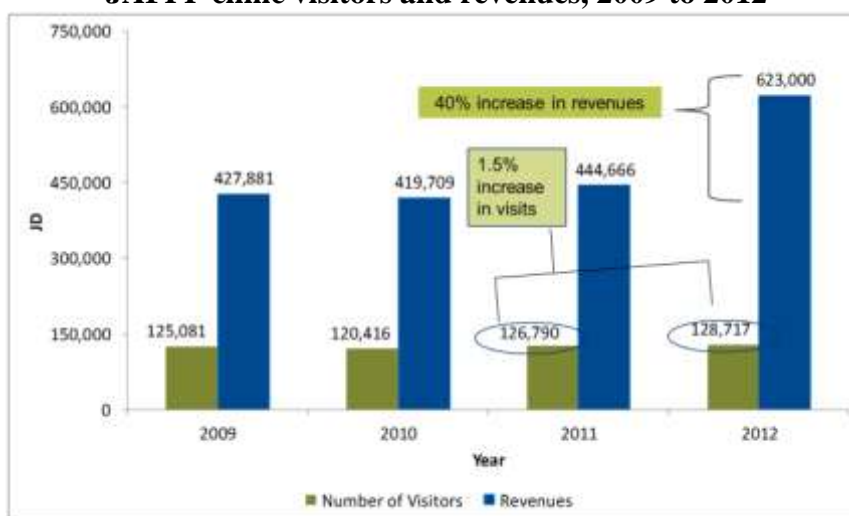
Automation of systems and records, and forging an internet connection between clinics and headquarters has been a hallmark of management systems improvements. IT hardware infrastructure has been upgraded and all clinics are electronically connected with headquarters. The new Enterprise Resources Planning System (ERP) that integrates HR, financial, procurement and other operational processes in an integrated suite of software modules will be in full operation by October 2013. The project is contracting a local IT firm to develop a new clinic management information system (CMIS), which should be in full use by mid-2014.

An important milestone of year 3 is the success of JAFPP in earning the King Abdullah II Center for Excellence's Mark of Best Practice. JAFPP is now qualified to apply for the second phase of the award. Earning this first phase of the award bears testimony to the governance and management improvements that have taken place over the past two years.

The project intensified its capacity building support to JAFPP staff; both technical training and general management training was provided to staff individually and in groups. One-hundred forty-six JAFPP staff members received 444 training hours in year 3. In addition, the project supported a study tour for JAFPP management and board members to observe the operations and practices of the Indonesian Planned Parenthood Association (IPPA) in Jakarta, Indonesia.

During year 3, the project supported interventions in a bid to improve JAFPP's prospects for financial sustainability. The project provided business development technical assistance that sought to build JAFPP capacity in fundraising and attracting donor support, launched business planning at three clinics with a goal of achieving cost recovery, and developed a clinic financial KPI for controlling expenses at the clinic level. Due to service price increases in 2012, the JAFPP boosted revenues by 40 percent. This helped the association keep pace with increasing costs primarily in the area of employee compensation. Cost recovery for JAFPP's fiscal year 2012 was at 55%, similar to the level the association had achieved at project inception prior to increasing its costs. The project developed new financial sustainability scenarios taking into account variables such as service prices and volumes.

JAFPP clinic visitors and revenues, 2009 to 2012



A.1. JAFPP management and governance strengthening

JAFPP IT infrastructure and management information systems upgrade

The project emphasized upgrading JAFPP IT infrastructure and systems and connecting clinics to headquarters to benefit the automation of operations. The automation process has commenced and it will be completed by the middle of project year 4. In year 3, the project:

- Provided the technical and financial support to JAFPP to undertake a comprehensive upgrading of its IT hardware including upgrading servers and end-user computers
- Supported and funded the electronic communication between clinics and HQ. The 17 clinics are now electronically connected to headquarters, which will enhance the support and supervision of clinic management.
- Supported the development and installation of the ERP which covers multiple operational functions including HR and finance
- Contracted an IT firm to develop the JAFPP CMIS; the system will be developed and installed by the middle of project year 4.
- Developed a needs based IT capacity building program for JAFPP and social workers; additionally, clinic administrative assistants received intensive two-month ICDL training.

Management systems and tools

During year 3, the project continued to build JAFPP's capacity to improve organizational performance; it introduced new products and practices, and provided an intensive coaching and follow-up to optimize and sustain the benefit and impact of improvements.

1. Implementation of the maintenance management system

The maintenance management system consists of seven policies covering inspection maintenance, preventive maintenance, corrective maintenance, maintenance communication, guidance and training on use of equipment, purchase of spare parts, and maintenance contracts. If fully implemented, JAFPP is expected to reduce the cost of maintenance and renewal of equipment by 30%.

The project provided on-the-job training to the newly recruited JAFPP maintenance coordinator and supported the implementation of the preventive maintenance program for ultrasound and sterilization machines.

The project provided on-the-job training for nurses to use the maintenance forms required for daily checkups and inspections, corrective maintenance requests, and updating machine cards. Nurses have also received technical training on the sterilization machines.

2. Implementation of improved management systems at clinics

The project facilitated the implementation of a streamlined clinic process flow within JAFPP clinics. The seventeen JAFPP clinics successfully applied service time standards with the aim of improving process flow. Clinic staff persons were also trained on the use of the appointment system integrated within the CMIS.

3. Development of an individual's performance-based incentives plan

The project developed an individual performance-based incentive plan to complement the team-based bonus plan. The project considered several options and recommended a system of raises consisting of a cost-of-living-allowance (COLA) plus a performance bonus. Employees who receive a performance rating of 5 or 4 would receive a cash bonus. Management would

restrict the distribution of ratings: no more than 10% of employees would receive a rating of “5”, and no more than 20% of employees would receive a rating of “4.” Cost implications of applying the system were also calculated. The project presented and discussed recommendations with the JAFPP board. The past board president decided that the implementation of the payment for performance system would increase costs for the association during a time of cost-reduction emphasis, therefore the board determined it would place the plan on hold through 2013, after which, the association would review its financial condition and apply the system that fits within the available budget.

4. Assessment of the effectiveness of the clinic bonus system and implementation of the performance appraisal system

The project also assessed the effectiveness of the clinic bonus system and the implementation of the performance appraisal system. The project found that the clinic bonus system was exceeding expectations. In quarter 3, all seventeen clinics had met the targets and received bonuses. The number of clinic visits has increased significantly with the clinic bonus system in place. Clinic employees interviewed were universally positive about the clinic bonus system, indicating it increased staff effort and teamwork. The project recommended to JAFPP that it implement additional key performance indicators (KPIs) for client satisfaction and clinical adherence to guidelines immediately. The project also recommended that the JAFPP implement KPIs for consistent performance as soon as feasible. Finally, JAFPP will also need to adjust clinic performance targets for FP visits to align with its targets under its forthcoming performance-based grant in year 4.

The pilot implementation of the performance appraisal system was completed in December 2012. On a five-point scale, with five being the highest rating, 94% of JAFPP employees received scores of five, four, or three. While clinic employees appreciated receiving direct feedback, there remains confusion about the process for completing the forms, and the meaning of individual scores. The project will provide more training to JAFPP staff on the use of forms and system prior to the next round of evaluations.

5. Support for the King Abdullah II Award for Excellence effort

The project provided technical support to JAFPP for the preparation and submission of its compliance report for the King Abdullah II Award for Excellence and during the subsequent assessment of compliance with the award criteria. The King Abdullah II Center for Excellence later notified JAFPP that it would receive the first stage Mark of Best Practice together with Jordan River Foundation, one of the largest and most reputable NGOs in Jordan.

Earning the Mark of Best Practice casts JAFPP as one of the preeminent NGOs in Jordan, confirming its demonstrable improvements in the areas of management and governance. The association will now apply for the next stage of the award, which should encourage it to stay on track in improving its management and governance systems.

6. Procurement capacity building

The project provided 20 hours of training and orientation to the JAFPP executive director and finance staff on USAID-compliant procurement procedures, and reviewed and updated JAFPP’s procurement manual.

Midterm review of interventions with the JAFPP

The project undertook a comprehensive midterm review of its interventions with JAFPP

across program components, including management and governance systems, increasing financial sustainability, increasing access to and improving the quality of services, and increasing demand for FP services.

An internal review team from Abt Associates headquarters assessed progress to date against stated project objectives concerning the JAFPP; identified challenges and opportunities, and provided recommendations for the way forward across program components where JAFPP interests intersect.

Training and capacity building

1. Clinic management training program

JAFPP doctors continued to undergo management skills training to help enable them to assume new clinic management responsibilities. In year three, JAFPP doctors received the following training:

- a. Management of inclusion and DISC personality assessment: Aimed to enhance self-awareness about one's personal communication style, build appreciation for and value others' differences and manage them accordingly, and develop versatility in dealing with subordinates to enhance the working environment and maximize productivity.
- b. People management: Aimed to build knowledge about management functions and the basic needed skills and techniques to manage different maturity and technical skill levels of employees successfully. Training participants also gained insights into delegation and motivation, which are important competencies managers must acquire.
- c. Leadership: Aimed to introduce important leadership concepts. Topics included "Are leaders made or born?" and "What is the difference between leaders and managers?" The training also covered effective leadership styles.



DISC handout

The training was well received by doctors; there was a high rate of attendance and expressed levels of satisfaction. The training was expanded to include administrative assistants and social workers at clinics who have received training in communication skills. The same training will be provided again to doctors in November 2013.

2. Study tour of the Indonesian Planned Parenthood Association in Jakarta

The project organized a study tour from January 19–26, 2013 for management and board members of JAFPP to visit the Indonesian Planned Parenthood Association in Jakarta, Indonesia. The purpose of the study tour was to observe and learn about the best practices of a successful family planning association in areas of management and governance, clinic services, revenue generation and fundraising, and to apply lessons learned where applicable after returning home. The IPPA was selected as the subject of the tour due to the success it has achieved in sustaining its operations and in promoting family planning in the world's largest Islamic country. The team spent three days at IPPA premises in Jakarta and met with its board, executive manager, department managers and heads of IPPA centers. The team also visited the National AIDS Commission and the National Family Planning Coordinating Board (BKKBN). The specific study tour objectives were to:

- a. Understand the conceptual and practical elements of the IPPA's effort to achieve financial sustainability
- b. Gain knowledge of the IPPA's governance bylaws and sound management practices
- c. Understand the strategies, scope, and methods used by the IPPA for FP advocacy
- d. Comprehend the tools and processes the IPPA uses to assure service quality within its clinic network
- e. Understand the IPPA's strategies and best practices for demand generation



JAFPP's Wafa Nafe interacts with children in an IPPA preschool center.

The study tour participants benefited greatly from visiting IPPA, which has a mature FP program with an operational budget of US\$10,000,000 and is a leading and key partner for donors and government in the area of sexual and reproductive health. The project produced a study tour report that outlined key observations of the IPPA's noteworthy practices in the areas of management and governance, financial sustainability, advocacy, demand generation, and institutional sustainability. The project recommended that the JAFPP take these observations under advisement and consider appropriate action to emulate some of the better practices of the IPPA.

3. Human resources training

To support the establishment of the HR function, and initial application of HR systems, the project supported the enrollment of the human resources coordinator in a six-month HRM diploma program. The HR coordinator will obtain her certificate by the end of October 2013.

4. Business development training

JAFPP program managers and the executive director both received an intensive 20-hour training program on business development and approaching donors.

5. Management and governance retreats and webinars

With the aim of enhancing JAFPP's ownership of project activities, the project organized a Ta'ziz and JAFPP teambuilding and work plan review retreat. In the retreat, means for strengthening coordination and integration of JAFPP and Ta'ziz activities were identified and the roles and commitments of both partners were reaffirmed.

The project also organized a two-day retreat for the JAFPP board and executive team to review the association's financial sustainability plan and to discuss strategies to generate increased revenue, including service price increases and/or boosted service volumes. The participants also discussed the results of its governance self-assessment for 2012 and reviewed progress on implementation of the JAFPP strategic plan.

Finally, the project facilitated a webinar for the JAFPP executive team. The webinar aimed at introducing a results framework for FP indicators at JAFPP and linked it to 2011–2014 strategic plans.

A.2. JAFPP financial sustainability

Financial analyses to support JAFPP decision-making

The project concluded service costing and pricing analyses to support JAFPP decision-making toward achieving financial sustainability. The cost of eight JAFPP services that account for 70% of JAFPP clinic service volume and 75% of clinic revenue were analyzed. The analysis concluded that the delivery of (most of) these services at current prices incur financial losses for JAFPP. The increase in prices required for these services to break even was also calculated. The costing of services study showed the impact of the 2012 increase in prices. There was a 40% revenue increase while overall visits only declined by 1% compared to 2011, although on the downside there was a 10% decline in delivery of IUD insertion services.

The service pricing analysis included a presentation of historical financial and demand figures for JAFPP services over the period 2009–2012, and projections of JAFPP's revenue, expenses, and cost recovery ratios through 2015 taking into account service price increase/no increase scenarios and variable volume forecasts.

The JAFPP board and management subsequently opted to forgo a price increase and vowed instead to focus on increasing service volume as a means to generate increased revenue.

Clinic business planning

In year 3, the project provided support in clinic business planning to develop JAFPP clinics as cost centers that would have the capacity and authority to develop and execute their own plans and meet stated objectives and targets. The project facilitated the development of business plans for the Sweileh, Madaba and Bayader clinics. By the end of the two-year business plans, the three clinics vowed to achieve an increase in number of visits by 50% or above and 95% cost recovery. The project disseminated the experience of developing the three business plans to the JAFPP's remaining clinics through a business planning workshop that provided clinic managers with the tools and knowledge for developing their own business plans.

Business development capacity-building

The project provided JAFPP with a set of capacity building activities that focus on business and proposal development to support JAFPP's overarching goal of attaining financial sustainability as an institution. The project delivered a 20-hour business development (BD) and proposal development training program to the JAFPP executive director and program managers. Tools and templates, adapted to JAFPP's needs and priorities, were developed specifically for the training program.

The project helped to develop draft business development strategies and potential initiatives appropriate for JAFPP, including an action plan/timeline with next steps. The project will continue to support JAFPP in institutionalizing the activities and tasks specified in the document.

Finally, the project developed a donors' matrix that identifies potential initiatives, donors, and sources of funding and their requirements. The project will help the association extend the utility of the matrix by developing a donor database that will help it track opportunities and develop potential partnerships with donors where interests align.

With project support, the JAFPP submitted an application for “Merck for Mothers” program funding for a community outreach initiative in the north, and an application to the Jordan Enterprise Development Corporation (JEDCO), an EU-supported initiative, to fund the Sweileh clinic business plan. JAFPP developed a separate application for funding the Madaba clinic business plan as well but JEDCO requested that the association postpone the submission until it opens the application process for its next round of funding. In the interim, however, JAFPP may approach embassies and other potential donors for funding the plan.

Challenges and solutions

A major challenge faced by the project this year was the resistance we faced from the JAFPP board of directors to increasing service prices as a means to improve the association’s prospects for achieving financial sustainability. The reason the board president offered for not raising prices is a feared loss in client demand. However, as noted above, the JAFPP is currently losing money on the services it offers. If the association does not raise prices, it must reduce costs to breakeven. While cost cutting may be a strategy the association could pursue, its major costs are in labor. Earlier, JAFPP and the project concluded the association had to raise staff compensation and incentive payments or risk staff attrition or demotivation. Therefore, the JAFPP is merely “kicking the can down the road.” Ultimately, it must raise prices again to gain traction toward achieving the goal of financial sustainability.

The project encountered JAFPP resistance to change in other areas, which include the failure to enact the project-recommended individual performance compensation system and reformed membership system.

Ultimately, however, the responsibility falls to JAFPP’s leadership to build on the systems improvements achieved to date to put the association on a firm path toward improving its contribution to advancing family planning in Jordan and improving the association’s prospects for financial sustainability. The project believes the shift to a performance-based grant, where the association must compete with other organizations for resources, may help provide the motivation the association needs to improve its overall organizational performance. Under the new grant program, JAFPP leadership will need to create an enabling environment, through further institutional reform, to empower the organization’s human resources to achieve performance benchmarks that will bring financial reward. The project stands ready to provide further management, governance and financial sustainability technical assistance to the association on a demand-driven basis to help the association achieve success.

B. Increased access to and quality of private sector family planning services

Major activities in year 3

- Developed and implemented needs-based comprehensive FP clinical and counseling training programs for JAFPP, UNRWA, and NWD providers
- Developed three bilingual FP/RH training manuals
- Monitored practical Implanon® training and tightened competency certification criteria
- Updated 12 performance checklists for clinical services and clinic processes to

- include numerical scoring
- Continued capacity building, coaching and technical assistance for JAFPP supportive supervision activities
- Developed and implemented updated a medical waste management system at JAFPP clinics starting with the Sport City clinic
- In collaboration with Health Care Accreditation Council (HCAC) and the Jordan Health Accreditation Project (JHAP), helped JAFPP close gaps in requirements for accreditation including documentation, infrastructure, and practices (e.g., waste management)
- Improved the quality monitoring and improvement of FP services provided for outreach clients referred to the project's NWDs
- Worked to expand NWD network and provide quality improvement and capacity building assistance
- Continued development of critically appraised topics (CATs) on IUDs, POPs, COCs and birth spacing
- Continued outreach to private pharmacists through visits, seminars, and provision of IEC materials

Key milestones achieved in year 3

- Provided FP clinical and counseling training to 540 participants
- Fourteen out of 17 JAFPP clinics surpassed a target of 85% adherence to the association's clinical guidelines and policies for FP services
- Implemented a quality scoring system for clinic supervision, supported by updated performance checklists, as part of the JAFPP clinic management information system (CMIS)
- Standardized client file and service records are in use and ready for installation in the new CMI
- JAFPP's headquarters clinic in Sport City accredited by the HCAC
- Completed development of 21 critically appraised topics (CATs) for IUDs and 15 CATs for birth spacing, and updated 17 CATs for progestin-only pills (POPs) and 19 CATs for combined oral contraceptives (COCs)
- Completed impact evaluation study on the evidence-based medicine (EBM) program for depot medroxyprogesterone acetate (DMPA)
- Conducted 1,200 academic detailing visits to 300 doctors covering EBM topics related to POPs and IUDs
- Conducted 10 EBM roundtable discussions on IUDs with 211 private doctors

Progress

The project continued to refine quality improvement/assurance (QI/QA) systems for FP services and build capacity to implement them. Standards for FP counseling and clinical care continued to guide infrastructure enhancement at JAFPP central and clinic levels, and NWDs when applicable. During the systemized clinic supportive supervision visits, 12 upgraded performance checklists were used to facilitate and monitor application of new knowledge and skills.

Provider competency remained a strategic objective. The project exceeded planned participant targets for classroom training covering FP counseling and clinical procedures and practical training on Implanon, IUD insertions, and RH ultrasound procedures.

The project expanded the private doctors' network to 220 member physicians and implemented an approach for NWD quality monitoring. The project supported JAFPP with the purchase of three more clinic properties through its subgrant and completed renovation of nine clinics.

In year 3, Ta'ziz continued to support efforts to search for, appraise and disseminate best scientific evidence on issues related to the use of modern contraceptive methods. Members of the Jordan EBMRH Group developed 21 CATs on IUDs, and reviewed and updated 19 CATs on combined oral contraceptives (COCs), 17 CATs on progestin only pills (POPs) and 15 CATs on birth spacing. The group worked closely with Mr. Michael Thomas, an international EBM expert, who provided continuous technical support for the CAT development process, and Ta'ziz provided the JEBMRH Group with technical support on where and how to search for medical information and literature. Ta'ziz conducted ten IUD roundtable discussions, attended by 211 physicians in Amman, Irbid, and Aqaba governorates. In addition, the project conducted 1,200 academic detailing visits to 300 doctors to discuss CATs on POPs and IUDs.

B.1. Clinic property acquisition and renovation

In year 3, with project support JAFPP purchased three properties through its subgrant (with two others nearing closure as of the end of the fiscal year). The project completely renovated nine facilities following their acquisition this and the previous year.

Clinic Purchases

1. Madaba
2. Ajloun
3. Tabarbour

Clinic Renovations

1. Jarash
2. Irbid Central
3. Karak
4. Rusaifeh
5. Sahab
6. Sweileh
7. Byader Wadi Seer
8. Qwaismeh
9. Madaba

Ta'ziz arranged for delivery of new equipment, supplies, and furniture to newly renovated JAFPP clinics and its stores.

The project also invited UNRWA to submit an application for the renovation of the family planning units of select health centers, with renovation slated to commence early in year 4.

B.2. Clinical and counseling training for private sector providers

The year 3 training plan was based on needs assessments conducted at JAFPP, UNRWA, and for NWDs. Training modules were developed for three new topics, long-acting reversible contraceptives (LARCs), menopause health maintenance and contraception, and clinical

breast examination/screening for hormonal contraception. The project selected nationally recognized training institutions and individuals to provide most of training for doctors, while project staff administered counseling training to ensure consistency of messages. Training activities were conducted in the central, north, and southern regions of Jordan, with close evaluation of training subcontractor performance.

Year 3 training activities

Training topics	Planned	Actual	Participant affiliation
General principals of FP counseling & management of side effects (full day)	40	56	JAFPP, NWDs
IUD counseling (half day)	80	85	JAFPP, UNRWA, Aman, CHWs
Menopause health maintenance and contraception (full day for doctors, half day for paramedics)	70	87	JAFPP, UNRWA, NWDs, Aman, CHWs, MOH
Reproductive tract infections (Full day for doctors)	15	28	JAFPP, NWDs, and Aman
Breast examination: full day for doctors, half day for nurses	62	47	JAFPP, Aman (UNRWA did not participate as planned)
Oral contraceptive pills (full day)	60	76	JAFPP, NWDs, UNRWA, CHWs, Aman
Ultrasound (JAFPP, NWDs) (one week)	60	29*	NWDs, UNRWA
IUD practical/clinical (NWDs) (one week)	45	0*	NWDs
Implanon comprehensive (NWDs) (4 days)	36	37	NWDs
Implanon TOT (NWDs) (5 days)	6	-	Moved to Y4
Implanon counseling for non-physicians (half day)	10	12	JAFPP, CHWs
Long-term counseling (full day)	-	14	NWDs and MOH
General principals of FP counseling (full-day)	-	59	UNRWA, CHWs, JAFPP new employees
Implanon (refresher) for JAFPP Drs.(2 days)	-	10	JAFPP
Total	484	540	
*Jordan University Hospital was unable to deliver the required ultrasound and IUD training due to work overload and lack of an appointment system.			

Pre/posttests continued to show significant improvement in participant knowledge and observations during supportive supervision visits after training activities indicated positive attitude change especially toward hormonal contraceptives in general.

B.3. EBM approach to enhance capacity of FP providers

- Completed development of 21 CATs for IUDs
- Updated 17 CATs for progestin-only pills (POPs) and 19 for combined oral contraceptives (COCs)
- Completed development of 15 CATs for birth spacing
- Completed the final draft of the impact evaluation study on the EBM program for depot medroxyprogesterone acetate (DMPA)

- Conducted 1,200 academic detailing visits to 300 doctors covering EBM topics related to POPs and IUDs
- Conducted ten EBM round table discussions on IUDs with 211 private doctors in attendance

Year 3 EBM roundtable seminars

Date	Location	Number of Participants		
		Female	Male	Total
27-Nov-12	Amman	25	4	29
17-Dec-12	Amman	22	9	31
20-Jan-13	Amman	14	6	20
19-Feb-13	Amman	13	0	13
20-Mar-13	Amman	10	9	19
9-Apr-13	Irbid	15	12	27
20-May-13	Amman	15	2	17
7-Jun.-13	Aqaba	15	6	21
1-Jul.-13	Amman	9	4	13
9-Sep-13	Amman	18	3	21
Total		156	55	211

EBM Seminar Participants		
Male physicians	55	26%
Female physicians	156	74%
Total	211	
Governorates - Amman, Irbid and Aqaba		

Ta'ziz revisited and finalized the design for the upcoming evidence notebook based on feedback from reviewers. The project will produce and disseminate the notebook on behalf of the JEBMRH group. This publication will help solidify the group's sense of ownership of the EBM/RH movement in Jordan while serving its purpose to address clinical questions and patient concerns regarding modern contraception.

Ta'ziz completed a DMPA impact evaluation study that examined the effectiveness of the EBM approach to improve physician knowledge, attitudes, and practices in Jordan. The results unfortunately were inconclusive showing positive effects in some areas and no demonstrable effect in others, calling for a need for additional research and rigorous evaluation. The project will finalize and issue a final study report at the beginning of year 4.

B.4. FP/RH service quality assurance and improvement

As a result of an intensive program of capacity building, coaching, and mentoring on the part of project staff, supportive supervision practices have become well-established and frequent practice of the JAFPP QA/QI team. JAFPP has begun to take the lead in conducting these visits, which it was able to increase by 10%, 25%, and 35%, respectively, over the previous quarter during the first three quarterly reporting periods for year 3.



The quality monitoring data system (performance checklist) introduced in year 2 has been put in practice. In the last quarter of year 3, 14 out of 17 JAFPP clinics reached the target of 85% compliance with clinical service quality guidelines, securing in part their eligibility for the quarterly clinic performance bonus.



The checklists are part of a quantitative scoring system, which will become part of the new computerized management information system (CMIS).

The project also focused on enhancing the continuity of care through proper documentation of client information and services received at JAFPP clinics. JAFPP now has improved client records and service records that will be integrated in the new computerized management information system (CMIS).

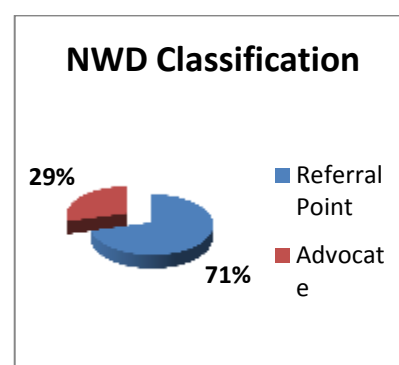
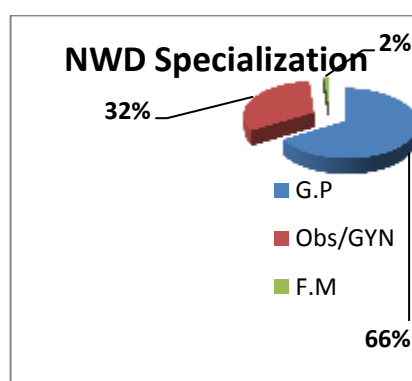
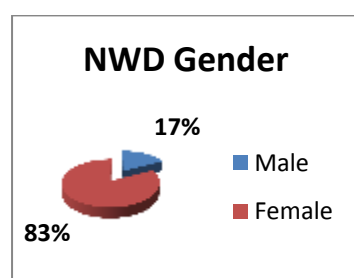
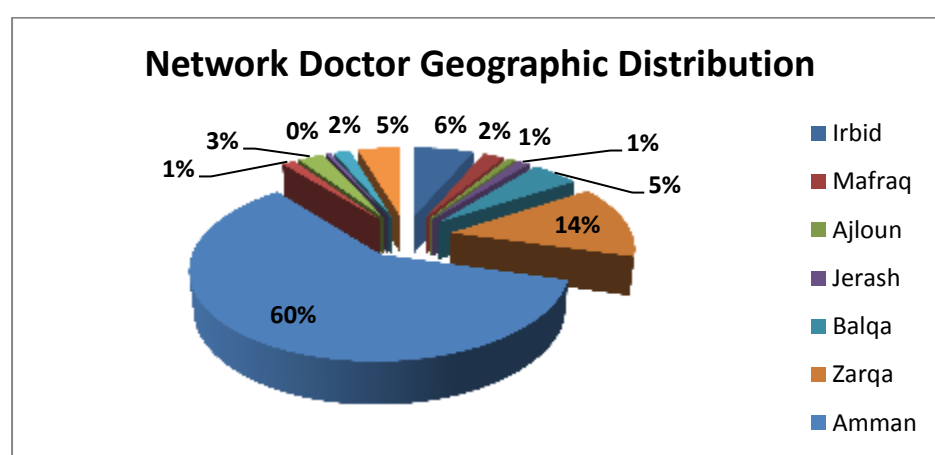
In collaboration with Health Care Accreditation Council (HCAC) and the Jordan Health Accreditation Project (JHAP), the JAFPP Sport City clinic gained HCAC accreditation. The quality standards related to documentation and policies were subsequently adopted by all JAFPP clinics.

Throughout year 3, informal technical support for clinical quality improvement at UNRWA continued, including capacity building, distributing and promoting performance checklists to providers during training sessions, and sharing quality improvement tools and methodologies developed for JAFPP with the UNRWA Jordan health field officer.

In year 2, the project worked extensively with NWDs to develop a QA/QI methodology that would be unobtrusive and not place a burden on the doctors' time. In year 3, NWDs monitoring methodology included client phone interviews, focus group discussions with the community health workers, and doctors' self-assessments. The project also developed a shared spreadsheet system that has been developed for documenting complaints and comments coming to the attention of any involved staff. Findings, gap analysis, and corrective actions were undertaken, documented, and discussed in regular and semiannual meetings with NWDs.

B.5. Private doctors' network

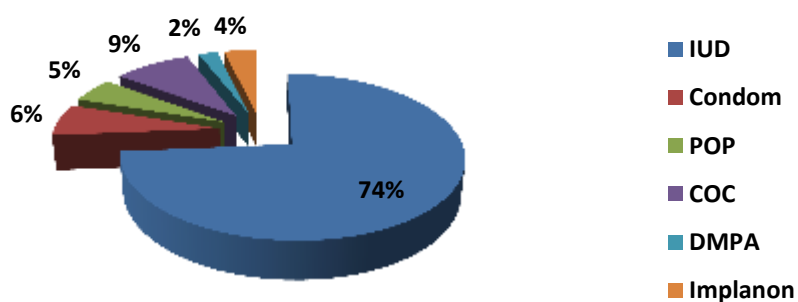
In year 3, Ta'ziz reached its goal of adding 50 doctors to the private doctors' network, which now includes 220 members. The expansion was conducted according to specific inclusion criteria and in close coordination with the community outreach team. The project conducted quarterly academic detailing visits to discuss critically appraised topics for contraceptive methods and to distribute patient education materials and provider tools. Select NWDs provided lectures to women in targeted areas and appeared on TV and radio talk shows to discuss IUDs and FP during the first phase of the IUD social marketing campaign. The project hosted one meeting for NWDs to update them on project support activities, including plans to expand the community outreach program so that each NWD would be covered and receive referrals and vouchers.

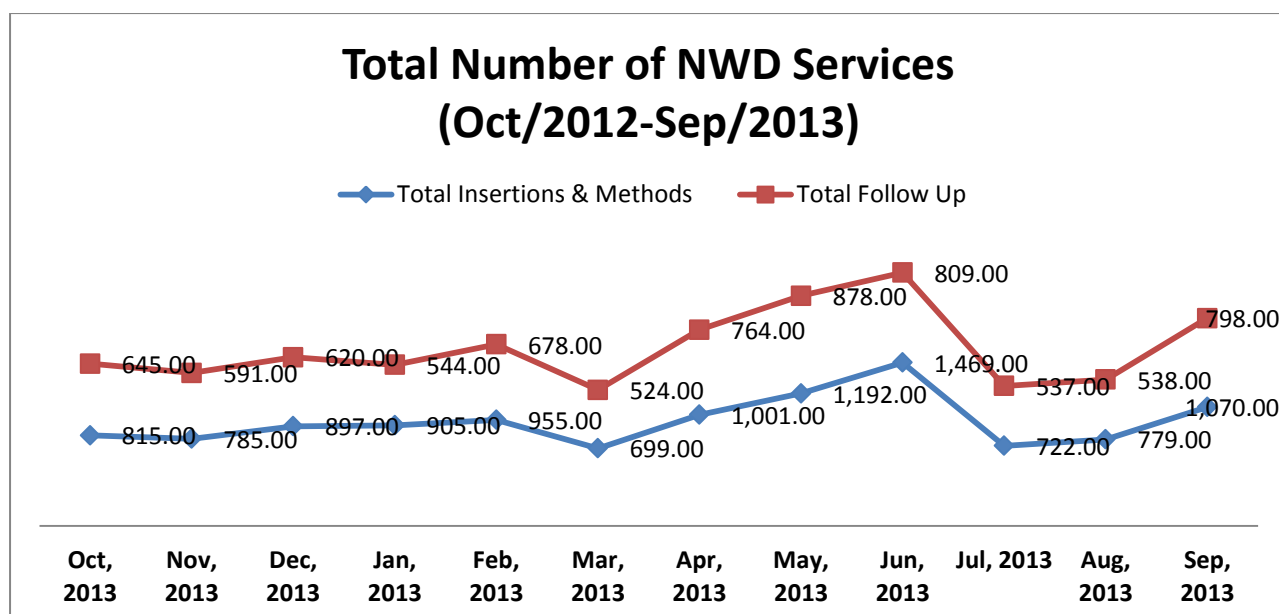


IUD services rendered by NWDs

Month	Insertions	Follow Up Services	Total Services	Voucher Costs
Oct, 2013	815.00	645.00	1,460.00	11,434.00
Nov, 2013	785.00	591.00	1,376.00	10,572.00
Dec, 2013	897.00	620.00	1,517.00	11,570.00
Jan, 2013	905.00	544.00	1,449.00	11,498.00
Feb, 2013	955.00	678.00	1,633.00	12,267.00
Mar, 2013	699.00	524.00	1,223.00	9,518.00
Apr, 2013	1,001.00	764.00	1,765.00	13,679.00
May, 2013	1,192.00	878.00	2,070.00	16,208.00
Jun, 2013	1,469.00	809.00	2,278.00	17,254.00
Jul, 2013	722.00	537.00	1,259.00	9,974.00
Aug, 2013	779.00	538.00	1,317.00	10,602.00
Sep, 2013	1,070.00	798.00	1,868.00	14,601.00

Contraceptive Methods Dispensed by NWDs (Oct/12-Sep/13)





B.6. Pharmacist program

- Conducted eight EBM seminars with 752 pharmacists in attendance
- Conducted two lectures on family planning and OCPs for the University of Jordan with 92 students in attendance
- Posted EBM descriptive content and CATs on modern contraceptive methods on JPA's website

Project detailing staff conducted 1,200 detailing visits to 300 pharmacies located in high population density areas in Amman, Aqaba and Jerash. During these visits, staff discussed CATs with pharmacists centering on COCs, the most commonly dispensed FP method at pharmacies, as well as POPs and IUCDs.

The project's pharmacy detailer also provided family planning brochures and recipe booklets to pharmacies for their clients. In cooperation with the Jordan Pharmacists Association, the project conducted eight EBM seminars for 752 pharmacists in Amman, Irbid, Zarqa, Balqa, Madaba, Jerash, and Aqaba governorates. In July, the JPA conducted an informational quiz for pharmacists who attended the seminars. Pharmacists who answered the questions correctly had their names entered into a drawing and three winners received Apple iPads as prizes.

EBM seminars for pharmacists

Date	Geographic Location	Number of Participants		
		Female	Male	Total
15-Oct-12	Amman	134	40	174
28-Nov-12	Irbid	106	32	138
18-Dec-12	Zarqa	34	40	74
14-Jan-13	Balqa	32	18	50
20-Feb-13	Madaba	24	4	28
24-Mar-13	Aqaba	21	9	30

Date	Geographic Location	Number of Participants		
		Female	Male	Total
23-Apri.-13	Amman	139	36	175
29-May-13	Jerash	45	38	83
Total		535	217	752

Pharmacist Participant Breakdown by Gender		
Males	217	28.86%
Females	535	71.14%
Total	752	

B.7. NGO performance-based family planning service grants

In year 3, the project conceptualized a competitive performance-based grants program that would aim to expand and increase the provision of quality family planning (FP) services through NGOs. To initiate the program, the project completed a rapid assessment of 37 NGOs in Jordan registered at the Ministry of Social Development as providers of medical services, ultimately identifying five that would be eligible to compete for performance-based grants based on their perceived capacity to generate impact and a significant return on investment. The selected NGOs, the JAFPP, Islamic Charity Center Society (ICCS), Aman Jordanian Association (AJA), Al Hussein Labour Clinics, and Jordan Health Aid Society (JHAS) proportionally had more clinics that already provide FP/RH services and expressed an initial willingness to work with Ta'ziz. The project conducted a pre-award survey and organizational assessment among the candidate NGOs (excepting the JAFPP given the existing relationship with the association) and issue a request for (grant) applications (RFA). All five preselected NGOs responded with applications, however, JHAS later withdrew from the application process, citing its current focus on serving the Syrian refugee community. As of the end of year 3, the project had commenced negotiations with the four remaining NGOs with the intent to award performance-based grants early in the 1st quarter of year 4.

Challenges and solutions

Subcontracting JUH to provide IUD and reproductive health U/S training proved challenging and required significant time and effort, due to changes in top administrative management and subcontracting regulations. Moreover, after a protracted contracting process, JUH failed to execute deliverables. This forced the project to seek an alternative training provider. The project ultimately forged an agreement with the JAFPP to secure the services of the Ministry of Health as the primary provider of IUD training services for private physicians excepting the JAFPP itself, which is able to train its own providers.

Although the project achieved success with the JAFPP in the area of quality monitoring through supervisory visits, JAFPP decided to eliminate the post of QA manager. As a result, the number of supportive supervision visits has been reduced. JAFPP has pledged to appoint a new quality coordinator with a medical background. The project will provide the needed capacity building and assistance to ensure that JAFPP's quality monitoring function returns at full capacity.

The project has encountered challenges in attracting private sector doctors to attend EBM seminars due to issues that include timing, choice of venue, distance to location, and

disinterest in the topic, for example, a topic focusing on an unpopular contraceptive method such as DMPA. The project is addressing this by selecting more choice venues, dispersing locations in the governorates that are more convenient for providers, and introducing more compelling topics that for example center on a relatively new (and popular) method such as Implanon®.

C. Increased demand for family planning products and services in the total market

Major activities in year 3

- Outdoor and indoor POS materials produced and installed at 10 newly renovated clinics
- Clinic-specific promotional brochures designed and produced for all 17 JAFPP clinics
- Press ad inserts for JAFPP FP services published in *Al Waseet* free weekly newspaper
- Distributed 310,000 FP service vouchers in the catchment areas of 17 JAFPP clinics (140,000 for Amman clinics and 170,000 for other governorate clinics)
- JAFPP trained 80 “friends” on FP and clinic promotion for its clinics in Amman, northern and southern governorates
- JAFPP clinic social health workers (SHWs) and “friends” facilitated 264 information, education and communication (IEC) and referral sessions
- JAFPP “friends” executed 796 detailing visits to pharmacies
- JAFPP management staff participated in advocacy and media relations capacity-building workshops hosted by the Health Policy Project
- Developed and pretested the creative concept for the IUD social marketing campaign, amended materials, developed new creative materials, conducted a second pretest and implemented the first wave of the IUD campaign
- Published 102 “press corner” advertorials in *Al Rai* and *Ad Dustour* daily newspapers
- NWDs conducted multiple “edutainment” lectures and appeared on TV and radio programs
- Printed and distributed 30,000 clinic directory leaflets to NWD and JAFPP clinics
- Printed and distributed 500 quality assurance (QA) emblem stickers to NWDs, JAFPP, and UNRWA clinics
- Distributed business cards marked with the new quality emblem to 250 NWDs
- Conducted an exhaustive stakeholder engagement process with organizations including the Ministry of Health (MoH), UNRWA, and Royal Medical Services (RMS) to discuss the introduction of new contraceptive methods
- Extended the “contraceptive choice” coupon pilot with the Jordan Pharmacists Association (JPA) to the end of July 2014 and expanded it to cover all governorates
- Commenced groundwork for the pilot to assess the impact of offering contraceptive insurance coverage through private health insurance plan

Key milestones achieved in year 3

- JAFPP performed 12 family fairs for Zarqa, Sport City, Jerash, Hussein, Rusaifeh, Irbid Central, Aqaba, Karak, Qwaismeh, Sahab, Sweileh and Bayader Wadi Seer attracting 5,120 participants, 1,891 visits to the clinics and 812 overall new clients
- Among women attending the IEC/referral sessions who received a referral voucher,

- 919 visited a clinic over a five-month period, amongst which 87 used a FP service
- Completed the second phase of the oral contraceptive pill (OCP) social marketing campaign
- Started the rollout of the IUD marketing campaign
- Produced and distributed the following IEC materials:
 - 600 FP display bags
 - 60,000 modern FP methods booklets
 - 450 FP method efficiency technical posters
 - 450 all FP methods technical posters
 - 1,000 FP flip charts
 - 300 male and female anatomy charts in English (for clinics)
 - 400 male and female anatomy charts in Arabic (for community health workers)
- Signed two memoranda of understanding with Al Nisr Al Arabi and MedGulf insurance companies to pilot the private health insurance coverage of FP services

Progress

The project completed the highly successful OCP social marketing campaign, which delivered significant results in terms of influencing knowledge, attitudes and practices and contributing to pill market growth, spite of barriers posed by the HPC, which called for delays and scaling back due to its (ultimately unfounded) concerns about a potential media backlash. Survey respondents rated the campaign as the most popular on air. Following the close of the OCP campaign at the end of April, the campaign finalized and launched another national social marketing campaign to promote use of the IUD as a safe, long-acting reversible contraceptive (LARC). The IUD campaign, which may have contributed to a quick upwards spike in the delivery IUD services in spite of running only five weeks post-launch, also encountered barriers when the HPC again called for a delay in the enactment of the campaign's second phase post-Ramadan, due to similar concerns about media reaction. The project agreed to resume the campaign in November barring any adverse events in the media in the interim. Meanwhile, JAFPP demonstrated its growing capacity to undertake marketing support activities to promote its clinical services, as outlined below. The project's community outreach program continued to surpass its objectives for educating women on family planning in their homes and referring them to FP services in both the public and private sector, complemented with the distribution of enabling vouchers for private services should they be the woman's choice. The project advanced innovative pilot initiatives for a Careline telephone follow-up program to enhance outreach program outcomes, reaching women in the workplace, encouraging the private health insurance industry to include coverage of contraception in health insurance plans, and testing of a couponing strategy for contraceptive products available in private pharmacies. Ta'ziz also doggedly continued efforts to expand Jordan's contraceptive method mix in interactions with stakeholders led by the Ministry of Health.

C.1. JAFPP FP clinical services marketing support

Clinic signage and promotional materials

The project assisted in the design and installation of all outdoor and indoor signage and promotional materials including outside banners, totem signs, entrance signs, light signs, brochures and acrylic stands, FP promotional posters



Qwaismeh clinic outdoor banner

and danglers, USAID plaques and totem signs. These items were installed in new clinics as they were renovated and reopened. For all clinics changing locations, the project and JAFPP implemented transitional marketing activities that included installing eight to ten street banners in populated areas, and distributing flyers advertising the new location a month before the opening of the new clinic location.

Clinic family fairs

After a successful transition of family fair management from Ta'ziz to JAFPP, the association led the execution of 12 family fairs, with an average of 400 participants attending each fair.

The typical fair opens with an Islamic sermon that strongly endorses the practice of family planning, traditional song performances and entertaining comedy sketches on family planning, an interactive quiz on family planning and JAFPP services, and winning prizes for correct answers. A community health worker from the Ta'ziz outreach program provides counseling and free service vouchers at the fair. The family fair statistics for project year 3 are as follows:



Crowd enjoying a humorous FP sketch by Za'al and Khadra at the Qwaismeh family fair

Family fair location	Date	Number of participants	Number of visits to the clinic	Number of new clients
Zarqa	Nov.24, 2012	500	150	60
Sport City	Dec.12, 2012	300	170	75
Jerash	Jan.01, 2013	500	200	80
Irbid Central	Mar.16, 2013	450	120	65
Hussein	Mar.02, 2013	350	85	40
Rusaifeh	Apr.20, 2013	700	250	120
Aqaba	Apr.04, 2013	450	160	65
Karak	May05, 2013	350	90	40
Qwaismeh	Jun.22, 2013	300	170	65
Sweileh	Jun.29, 2013	400	86	42
Sahab	Aug.24, 2013	400	220	60
Bayader Wadi Seer	Aug.31, 2013	420	190	100
Total		5,120	1,891	812

Clinic community promotion through the JAFPP “Friends” network In year 3, JAFPP reactivated its “Friends” network to support community mobilization and promotion of renovated clinics in their catchment areas. The JAFPP Friends fulfill two primary roles. First, they connect with CBOs working for women’s development to capture their audience during IEC and clinic promotion sessions where they distribute referral vouchers for services at the JAFPP clinic in the neighborhood. Second, they detail local pharmacies with clinic promotional brochures with JAFPP-branded stands that they place on pharmacy counters.

The project and JAFPP conducted a two-day training session for 80 Friends from Amman, Zarqa, Rusaifeh, Jerash, Irbid, Ajloun, Karak, and Aqaba. The participants were trained on the benefits of birth spacing, the safety and effectiveness of modern FP methods, and they were trained on how to promote the high quality and affordability of FP/RH services at

JAFPP clinics.

Based on data provided by JAFPP, the Friends conducted 264 IEC/referral sessions and 796 pharmacy-detailing sessions.

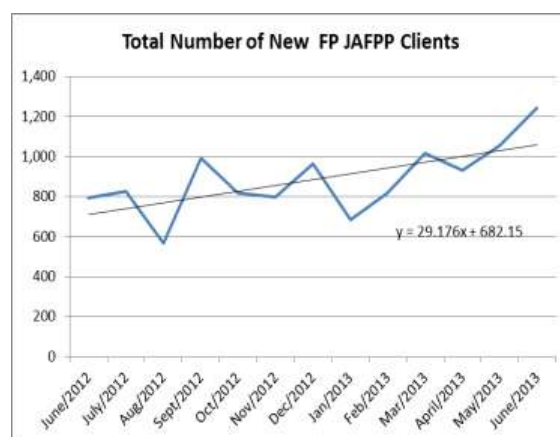
In April, JAFPP Friends started distributing vouchers to IEC session participants for a choice of three free services—breast examination, ultrasound, and gynecological exam—during a first visit, to encourage new clients to visit JAFPP’s renovated facilities. In five months, 919 women redeemed referral vouchers, of whom 87 women obtained an additional FP service at their expense.

Clinic advertising and promotion

JAFPP brochures providing information on clinic services, promoting new and attractive clinic interiors and equipment, and mapping new clinic locations were designed and produced for all JAFPP clinics. The project provided an average of 18,000 brochures to each clinic for distribution at family fairs and in the clinic facilities.

In order to attract potential clients to the new clinic locations, the project worked with JAFPP to design and place 3 x 4 m and 6 x 4 m billboards at the Sport City, Jerash, Irbid Central, Irbid South, Karak, Rusaifeh, Zarqa and Bayader Wadi Seer clinics that highlight the clinic addresses and phone numbers. The billboards were placed in select street locations leading to the newly renovated clinics. To complement the street advertising, the project designed and placed ad inserts in the regional publications of the free *Al Waseet* weekly newspaper.

From the latter half of May, the project facilitated door-to-door distribution of 310,000 promotional vouchers in the catchment areas of JAFPP clinics throughout the country (140,000 for the 7 clinics in Amman governorate and 170,000 for the 10 clinics in other governorates).



Overall, the marketing support to JAFPP clinical services contributed to a demonstrable increase in new FP clients at JAFPP clinics (see graph).

C.2. JAFPP institutional repositioning and advocacy capacity building

In year 3, Ta’ziz surveyed national policymakers, stakeholders, donors, and media representatives on their perception of JAFPP as a leading FP service institution and FP advocate. Almost half of the respondents considered JAFPP as a leader in the FP arena, but perceived its role as an FP advocate as almost non-existent. The most commonly mentioned suggestions for strengthening JAFPP’s role as a leader in Jordan’s FP movement were as follows:

- Change and restructure the association’s leadership and key staff, i.e. bring in “new blood” (which respondents acknowledged might require higher salaries).
- Strategically connect with the media and raise more awareness about JAFPP.
- End a (perceived) period of seclusion from the institutional community by forming

partnerships and providing assistance to other institutions that work in similar sectors.

The project will present the survey findings selectively to the JAFPP board and management in separate meetings. Clearly, the “leadership and management staffing change” suggestion is a sensitive topic that would require an exclusive “closed door” dialogue with the board or possibly the new board president alone (this will require adroit handling). Beyond the leadership issue, the project will work with the association to address other issues to reposition the JAFPP as an acknowledged leader of JAFPP’s FP movement. This would include strengthening public relations for the association and developing FP advocacy initiatives following capacity-building efforts begun in year 3.

The project facilitated the participation of the JAFPP social marketing manager at an HPP workshop on media and FP advocacy. The workshop included 25 journalist participants representing TV channels (e.g., Jordan TV and Ro’ya TV), radio channels (e.g., Ayyam FM, Hala FM), and major newspapers (e.g., Ad Dustour). The JAFPP social marketing manager delivered a presentation on the recent evolution of the association with Ta’ziz support and highlighted its current capacity to serve the Jordanian population through high-quality facilities, equipment, trained staff, and very affordable services. The workshop provided JAFPP with an opportunity to build media relationships with an eye toward convening its own dialogue sessions with journalists on FP issues and to generate awareness of its activities.



JAFPP’s Wafaa Nafe facilitates the round table on FP demand generation at the “Advances on Policy Analysis” workshop.

Ta’ziz also facilitated the participation of the JAFPP executive director and social marketing manager in another HPP workshop on “advances in policy analysis” that linked health policies, systems, and outcomes. Advocacy issues discussed included the challenge of finding national figures to champion FP and the role of the civil society organizations (e.g., JAFPP) in establishing FP as a priority topic on the national health agenda.

C.3. National method-specific social marketing campaigns

Second phase of oral contraceptive pill (OCP) campaign

The second phase of the OCP campaign was launched during the last month of year 2 and the implementation of integrated mass media, merchandising, PR, and public outreach activities continued over the first, second and beginning of third quarters of year 3. During the campaign’s seven-month second phase, the project placed 680 TV spots and 2,071 radio spots, inserted 108 ads in daily and weekly newspapers, and displayed a large electronic outdoor billboard at the 7th circle and indoor banners in two malls to maximize reach and frequency (repetition of messaging) among the primary MWRA target audience. Six community lectures were conducted with CBOs that reached over 1,200 women and 11 “roadshows” were executed in various public venues (such as shopping malls) in major urban areas that reached more than 3,000 women. Ta’ziz private sector partners Nestle, Johnson & Johnson (J&J), and Nuqul Group participated in the community events for which they provided giveaways and gifts for FP quizzes and delivered presentations on mother and baby care, and balanced nutrition. Nuqul group took the initiative to publish a press release to

express its satisfaction in practicing corporate social responsibility in partnership with Ta'ziz by sponsoring educational events that benefit Jordanian women. Campaign merchandising activities covered 400 pharmacies in Amman, Zarqa, Irbid, and Madaba for placement of danglers and OCP informational brochures. In addition, 120 backlit posters were placed at pharmacies in prime locations for a three-month period.

See below for additional select highlights of the two-phase campaign interspersed over a 14-month period in 2012-13:

- Information materials were made available in over 1,400 pharmacies and in nearly 160 private clinics.
- Prominent physicians guested on 13 TV and 19 radio interview programs popular among women to share the evidence on oral contraceptive pills.
- The extensive community outreach program in urban centers and in Palestinian refugee camps reached over 30,000 women and couples directly on the benefits of using oral contraceptive pills.
- The campaign used the social medium Facebook to provide information on oral contraceptive pills with an interactive feature that allowed page visitors to ask questions about pills and receive evidence-based answers from a medical expert, with results summarized below in the table.

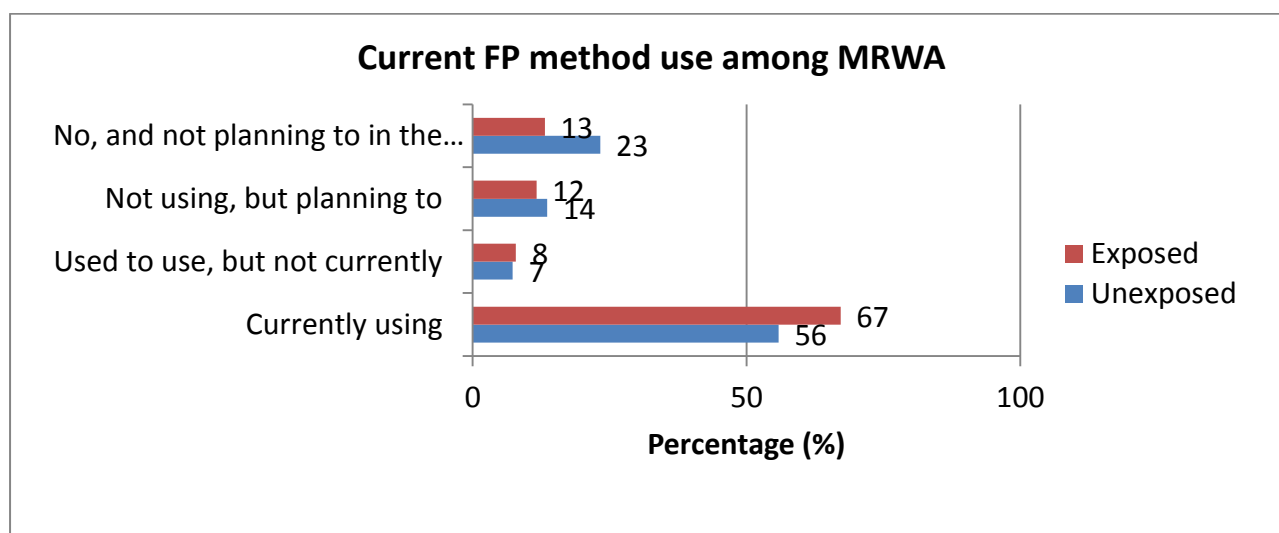
Facebook Indicators	Number
Number of likes	6,352
The number of stories created about the page	16,782
Number of people talking about the topic	17,930
The number of people who have seen any page content (unique users)	22,273
Organic reach (number of people who visited or saw page, or post in newsfeed or ticker, can be people who have liked page or people)	22,598
Viral reach (number of people who saw page or posts from story shared by a friend)	52,587
Number of impressions seen of any content associated with your page	1,145,855
Number of times posts seen in newsfeed or ticker or on visits to page	6,352

The OCP campaign demonstrated significant impact on exposed versus non-exposed MWRA regarding attitudes towards pills and use of pills (see table and chart below). The campaign was particularly effective in conveying messages on the safety of OCPs and that women can get pregnant after stopping use (i.e. do not affect fertility). Equally important, the campaign evidently had a significant effect on pill sales in private pharmacies. Year-on-year OC pill sales spiked 33% for the period April-May during the peak of the first phase campaign. Pill sales for the period September-April, coinciding with the implementation of the second phase campaign, indicated steady year-on-year growth of 19%. The 2012 JPFHS showed a significant decline of 4 percentage points in discontinuation rates for the OC pill since 2009. In addition, private pharmacies increased their market share as a source of supply for modern contraceptive methods by two percentage points.

Unprompted knowledge about OCPs (%)	Unexposed n= 331	Exposed n=469
Family planning pills are safe to use	65.3*	81.2*
The breastfeeding pill is safe for nursing mothers and their babies	25.7*	47.1*

Unprompted knowledge about OCPs (%)	Unexposed n= 331	Exposed n=469
The breastfeeding pill is effective for birth control	29.0	35.4
FP pills do not affect the fertility of women	13.9*	27.1*
FP pills prevent anemia	6.7*	16.2*
Using FP pills helps get clear skin	4.5*	11.1*
FP pills are more effective than traditional methods	23.0*	29.4*
FP pills help in regulating menstruation	25.1*	40.1*
FP pills help protect women from many diseases such as ovarian cancer	9.1*	15.4*
Spacing of births by three years is healthier for the mother and each of her babies	39.3	40.3
Does not know	16.0*	4.3*

* Statistically significant ($p < 0.05$) using Chi2 test



IUD social marketing campaign

The project developed and launched a social marketing campaign for the IUD to position it as a safe long-acting, reversible contraceptive (LARC) ideal for both birth spacers and limiters among MWRA. The project views this important campaign as central to the effort to achieve a breakthrough in the plateauing of the modern contraceptive prevalence rate lodged at 42% among MWRA. The IUD is the most popular family planning method in Jordan, used by 21% of MWRA, comprising half of modern method users, and there is plenty of room for the market to grow. There are a number of countries that have IUD prevalence rates that approach or exceed 40%, including for example neighboring Egypt, China, and Vietnam. Moreover, the IUD's first year discontinuation rate at 15 percent is by far the lowest among all family planning methods including "traditional" methods, which have significantly higher discontinuation rates.¹ The IUD with its relatively high local acceptance rate is an ideal LARC offering up to 12 years safe and effective protection against unwanted pregnancy.

During the first two quarters of year 3, while the OCP campaign was on air, the project developed, pretested, and produced materials of the IUD social marketing campaign. In

¹ Jordan Population and Family Health Survey (JPFHS) 2009

association with its advertising partner, Prisma, the project completed the creative concept, storyboards, radio scripts, and print material designs to promote the safety, effectiveness, and reversibility of the method. The campaign also directed prospective clients to service-delivery outlets within the public sector (MoH) and private sector (JAFPP, UNRWA, and private clinics).

In order to ensure the campaign's contents would achieve high levels of understanding and comprehension, accuracy, persuasion, clarity, relevance, credibility, and appeal; the storyboards, radio scripts and print material designs were pretested in the first quarter based on six focus group discussions (FGDs) conducted in Amman, Zarqa, Irbid, and Karak with the MWRA target audience and service providers. Ta'ziz requested its advertising partner Prisma to adjust the tested creative based on the FGD findings as well as to create new concepts for pretesting in a second round of FGDs. The pretest results and the revised and new materials, were presented to the campaign development committee that included members from the MoH, Higher Population Council (HPC), JAFPP, and UNRWA, who agreed on the production and airing.



Campaign visuals demonstrate the smallness of the IUD to address any misconceptions about its size.

Over a five-week period from early June to July, the project implemented the first phase of the IUD integrated campaign, including mass media, public relations, outreach activities, and distribution and installation of point-of-service materials. The campaign was interrupted during Ramadan when IUD services slow to a trickle, as post-insertion spotting obliges observant Muslim women to stop religious fasting. Following is a summary of the launch phase interventions.

Mass media: During the five-week first wave of the campaign, 215 TV spots were aired on Jordan TV and Ro'ya TV during popular programs that include:

- *Yawm Jadeed*, a daily program covering local community news and activities
- *Yess 'ed Sabahak*, a weekly program handling national issues and features
- *Sehetna Beddenya*, a health program
- *Sahteen we Afya*, a cooking show
- *Donya ya Donya* (ad airing during health and cooking segments for this popular program)



Electronic outdoor ad at the busy 7th circle

In addition, 300 radio spots aired in June on Rotana FM, Hala FM, and Amman FM stations during prime talk shows and national programs.

Twenty-four full-colored quarter-page ads were published in Al Rai, Ad Dustour, Al Ghad, and Arab Al Youm daily newspapers in prime locations in sections targeting family and women. Four ads were published in the weekly newspaper Al Waseet. Outdoor advertising included the high-reach large electronic screen at 7th circle.

Public relations: The campaign's public relations (PR) effort included a launch press release, TV interviews with media-trained NWDs, and strategic feature story placements. The project secured publicity for the campaign launch in The Jordan Times and a story featuring women's testimonials obtained from community outreach edutainment lectures gained placement in three major dailies—Al Rai, Ad Dustour, and Al Arab Al Yaoum—and was featured on 14 high-traffic websites.

Community outreach: Over 3,000 women were reached through 15 edutainment lectures implemented in partnership with community based organizations (CBOs) located in poor and underserved areas, to better reach women lacking correct information on IUD and family planning. The areas covered were Safawi, Fago'a, North Shona, Der Alla, Mansheyet Bani Hassan, Al Azraq, Thleel Zarqa, Al Jeeza, Al Muwaggar, Bani Kinanah, Naour, Altayyebah, Salt, Mazar, and Merad.

Among the attendees, 622 women received counseling from project community health workers during the sessions, 303 received vouchers for FP services of their choice, and 249 chose to receive a voucher for an IUD insertion (82% of total vouchers distributed). Many women attending the lectures evidently were reached for the first time with medical information, and there was clear eagerness to receive information on the IUD. Participation in post-lecture quizzes was very high, confirming women's interest in FP topics.

Corporate partner organizations Johnson & Johnson, Fine (Nuqul Group), and Nestle participated in the edutainment lecture sessions.

To date, these partners have contributed consumer gifts and in-kind contributions valued at over US \$65,000 for the national OCP and IUD social marketing campaigns.

Point-of-service detailing: The project provided point-of-service patient educational materials and promotional materials to campaign partner organizations, including 18 community-based organizations (CBOs) located in remote areas, 17 JAFPP clinics, 23 UNRWA clinics, 180 NWD clinics, and 70 MOH hospitals and MCH centers.

C.4. Network doctor marketing support

Ta'ziz has engaged select NWDs in the national method-specific social marketing (SM) campaigns that in turn promote their services. Twenty NWDs were media-trained to handle media questions regarding FP and they practiced interviews and public speaking situations. Subsequently, 22 NWD interviews were broadcasted through nine TV and 13 radio talk shows that are popular with the MRWA target audience. Twenty-five NWDs delivered public lectures on OCPs and IUDs, interacting successfully with the audience while answering



Women participate with enthusiasm in a quiz during an “edutainment” lecture.

questions on FP in general and the methods in particular.

The project completed designs, production and placement for “press corner” advertorials that used NWDs to convey consumer-friendly evidence on OCP benefits through a question-and-answer format, while at the same time promoting NWD services by featuring an individual physician member of the network. Ta’ziz executed 95 individual photography sessions for the doctors and advertorial placement that commenced in January 2013. The press corners used a question-and-answer format and promoted NWD services by featuring an individual physician member of the network. The project placed 102 “press corner” advertorials in the two newspapers with the highest reach in Jordan, Al Rai and Ad Dustour.

The project has taken complementary steps to strengthen demand for private NWD family planning services, including:

- Produced a FP quality-service emblem to brand and promote high-quality FP services available in the private sector
- Distributed 500 FP quality-service emblem stickers to NWD, JAFPP, and UNRWA clinics
- Produced and distributed 30,000 clinic directory leaflets that provide information on NWD, JAFPP, and Aman Association clinic locations. The leaflets were distributed through community outreach, pharmacy detailing, and all clinic locations. The leaflets will be updated and printed quarterly.
- Produced and distributed 250 NWD business cards with the FP quality service emblem

C.5. IEC materials and tools

In year 3, the social marketing team worked on the design of a full range of IEC materials using a participatory approach with stakeholders such as community health workers (CHWs), JAFPP doctors and SHWs, and the NWDs, who provided feedback at every stage of the design development.

The project also developed an emblem to promote the quality of FP services provided by private doctors. The emblem was manifested in IEC materials and promotional items e.g., FP method display bags, door stickers, lab coat pins, in the press corners, and in the IUD campaign (to promote all private clinics providing IUD services). Outreach CHWs regarded the IEC materials as very useful and helpful educational tools. The FP display bag in particular proved to be popular among providers and especially CHWs, who appreciated its improved appearance and utility for home visits.



IEC material production and distribution

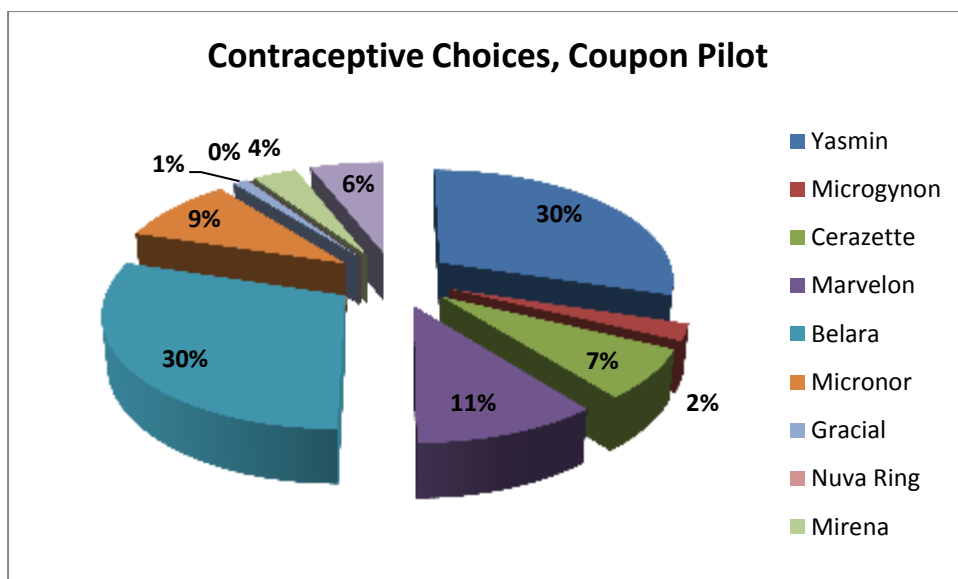
Item	Quantity	Recipients
Modern FP Methods Booklet	60,000	NWD clinics, pharmacies, CHWs
FP Methods Efficiency Technical Poster	450	NWD clinics, pharmacies
All FP Methods Technical Poster	450	NWD clinics, pharmacies
FP Flip Chart	1,000	NWD clinics, pharmacies, CHWs
Male & Female Anatomy Clinics Chart - English	300	NWD clinics, JAFPP clinics
Male & Female Anatomy CHWs Chart - Arabic	400	CHWs
FP Methods Display Bag	600	NWD and JAFPP clinics, CHWs

C.6. Expansion of contraceptive method choice

In year 3, Ta’ziz conducted several meetings with stakeholders (largely drawn from the MoH, UNRWA, and Royal Medical Services) to discuss expansion of the contraceptive method mix in Jordan through introduction of two prospective new methods: the monthly combined injectable contraceptive (Cyclofem®) and Sayana Press®, the three-month DMPA subcutaneous in Uniject system. Introduction of a new contraceptive method to Jordan would increase user choice and potentially spur demand. The group was not able to reach an agreement on whether either of the two suggested methods are suitable and needed in Jordan. The project agreed to reset the process and develop another approach for the expansion process where the MoH will take the lead during an upcoming workshop. A meeting was held with the MoH to agree on the way forward for testing a new contraceptive method in Jordan. It was agreed to form a technical committee that would make the “go/no go” decision for testing acceptability of the new method, with stakeholder working group input. The project finalized and agreed on an agenda with the Ministry of Health (MoH) for a new workshop on expanding the contraceptive method mix, resources were identified, a scope of work was finalized, and preparatory work commenced.

C.7. Consumer promotions

The project initiated a pilot test of a contraceptive choice coupon conducted in collaboration with the Jordan Pharmacists Association (JPA). Women redeeming the coupon at pharmacies receive a 30% discount on their choice of the range of OCP products, IUDs (including hormone-releasing Mirena®) and vaginal ring (NuvaRing®) that are available at the participating pharmacy. The project and JPA conducted the initial pilot test in Jerash and Aqaba. The coupons are being distributed to women directly through doctors and community health workers. CHW-distributed coupons must be endorsed by a physician (network doctor) prior to redemption at the pharmacy. When the initial pilot was completed, the project decided to expand the pilot to manage the redemption of up to 2,000 coupons from pharmacies in all parts of Jordan, to evaluate the impact of this initiative on stimulating private market sales of contraceptive products and on expanding choice for Jordanian women.



A revised memorandum of understanding (MOU) was signed with the Jordan Pharmacists Association (JPA) for the expansion and extension of the "contraceptive choice" coupon pilot project. Eligibility criteria was developed for pharmacies to be included in the program and five program orientation sessions were conducted for the eligible pharmacies, targeting major Jordanian governorates such as Amman, Irbid, Zarqa, and Karak. The orientation sessions were attended by 315 pharmacists and 120 pharmacies showed interest in participating in the program.

To improve results, the project and JPA will take the following steps:

- Develop IEC materials for targeted groups (physicians, pharmacists, and consumers)
- Increase distribution channels for coupons beyond the private doctors' network
- Reach out to more doctors through the manufacturers of the brands listed in the coupon through their medical representatives
- Contact doctors on a regular basis (monthly) to remind them to distribute coupons.
- Contact women who did not redeem the coupons to understand reasons why
- Strengthen monitoring and follow-up participating pharmacies

When the pilot is completed, the project will carry out an analysis to evaluate the impact of this initiative on stimulating private market sales of contraceptive products and expanding choice for Jordanian women, and determine whether it will continue the coupon program or invest in alternative means to spur contraceptive demand.

C.8. Contraceptive insurance benefit

Ta'ziz is implementing a pilot program with private health insurance companies to test the cost-benefit of offering coverage of contraception in their health insurance plans. Two insurance companies, Al Nisr Al Arabi and MedGulf, and two of their respective client companies, agreed to participate in the pilot. If the pilot demonstrates a clear benefit to health insurance companies and more importantly to their clients, the private companies, the project would work with stakeholders to advocate for widespread offering of contraception coverage in the private health insurance industry. The pilot insurance initiative also offers the project an avenue for reaching men in the workplace with education and an incentive to practice family planning, as most of the direct insurance beneficiaries employed in the formal sector

are male.

MedGulf and Al-Nisr Al-Arabi offered different propositions for handling claims. MedGulf offered to provide annual capitated reimbursement at 50 JD per claimant for family planning while Al-Nisr Al-Arabi will provide reimbursement for the full claim that the project would pay. The companies will measure the impact of the pilot program on cost containment through averted maternity costs and related healthcare costs. The project will support the initiative by conducting workplace education programs (employee lectures and FP/contraceptive information brochure distribution) in the name of the partner insurance company.

The project completed and signed MoUs with the two insurance company partners and entered into non-disclosure agreements with their corporate client policyholders that agreed to participate in the pilot, which are the Royal Scientific Society (aligned with Al Nisr Al Arabi) and Manaseer Group (aligned with MedGulf). The project also developed a work plan that includes the following work streams covering IEC and promotional materials development, insurance company operational assessments, cost containment analyses, and demand side assessment. The analyses will address the following key questions:

- Does insurance coverage of contraception help contain maternity and related healthcare costs including maternal/child healthcare costs six months postpartum, complicated maternities (e.g., preeclampsia) and births (e.g., premature, low birth weights), and deliveries (normal versus C-section)?
- Does insurance coverage have a demand-side effect on contraception adoption and continuation?
- Does insurance coverage influence choice of provider for contraceptive services e.g., public or private?
- Does insurance coverage influence the choice of FP method, e.g., pill brand/type (free vs. moderate vs. expensive), copper IUD vs. hormonal IUD (Mirena) or even a surgical method?

Project finalized analysis of operational assessment data, which it fed into the design of cost minimization and demand-size analyses. The project obtained historic claims data from the policyholders that it will use to set the pilot baseline. The project also completed a competitive procurement process to select a research partner organization to conduct survey research among the beneficiaries to bolster the assessment of the impact of offering a contraceptive benefit. Finally, Ta'ziz drafted a marketing plan for promoting the new contraceptive insurance benefit that the corporate policyholders reviewed. Ta'ziz will support the policyholders in implementing the marketing program, which will launch with distribution of the information package for the companies' health insurance plan beneficiaries.

C.9. Community outreach

Home visits

In year 3, the project's outreach partner organizations Circassian Charity Association (CCA) and the General Union for Voluntary Societies (GUVS) conducted home-based visits to 237,977 Jordanian women. During such home visits, the community health workers (CHWs) discuss the benefits of modern family planning methods, describe how each method works, and dispel misconceptions about modern FP methods. In addition to health education, the

CHWs provide FP referrals to public and private/NGO (network doctor, JAFPP and UNRWA) health facilities and distribute vouchers to low-income women for private (NWD) FP services.

Outreach milestones achieved, year 3

Activity	Milestone Goals	Milestones Achieved
New women reached by CHWs	237,115 new women	237,977.00 new women
	165,981 MWRA	167,164 MWRA
Number of FP counseling visits	481,343 visits	513,840 visits
New acceptors of modern contraceptives	19,918 women (12% of MWRA)	31,028 women (18.56% of MWRA)
FP referrals and vouchers	33,196.10 received >50% acted upon	41,053 received >50% acted upon
FP vouchers	16,598.05 received > 50% acted upon	19,848.00 received > 50% acted upon

As indicated in the table above, CCA and GUVS conducted home visits to 237,977 new women, ages 15–60 in the north, central, and southern regions of Jordan, out of which 167,164 were MWRA. Family planning counseling visits including follow-up visits totaled 513,840 home-based sessions. The community outreach partners followed up with local MoH clinics, JAFPP clinics, and private network doctors' clinics to ensure that appropriate facilities and care were provided to women referred through the program. The number of modern contraceptive method acceptors totaled 31,028 women, among which 11,367 women began using IUDs, 10,990 began using OCPs, 626 began using Implanon®, and 6,612 began using condoms. Over 19,848 poor high maternal risk women received vouchers for private FP services.

Follow-up phone calls

In year 3, the project implemented in collaboration with CCA the “Careline” telephone follow-up pilot project, which aimed to increase the number of new users of modern FP methods among outreach clients. During the phone calls, the counselors encouraged the women to redeem their vouchers, and provided them with an opportunity to ask questions about contraceptive method adoption and address any side effect concerns. These follow-up phone calls reflected positively on the redemption rates for FP vouchers and reduced discontinuation rates in the first three months among new adopters of modern FP methods.

Partner’s staff technical capacity building activities

The project facilitated training workshops to strengthen the technical capacity of the community outreach staff. Training topics included reproductive health issues, family planning counseling, family planning modern methods, communication skills, ante and post-natal care, and cervical cancer early detection.

Campaign/clinic marketing support

CHWs were actively engaged in public outreach for the IUD social marketing campaign, providing one-



on-one counseling to women and offering referrals to health service providers. They also supported JAFPP family fairs with on-site counseling efforts.

Workplace outreach

In year 3, Ta’ziz developed a workplace outreach pilot targeting low-income Jordanian working women. The project implemented this initiative in partnership with the CCA, GUVS, and the MicroFund for Women (MFW), a leading microfinance institution that assists poor Jordanian women to start or expand their own business. The project conducted 17 FP lectures reaching 361 MFW clients to raise their awareness about modern family planning methods and it distributed FP service vouchers through weekly one-on-one FP counseling sessions.



Challenges and solutions

JAFPP assumed management of two important marketing components, family fairs and the “friends” network, to promote demand for its clinical FP services, which is a major milestone in its marketing capacity building. However, JAFPP’s marketing division consists of only one person, the social marketing manager, which hinders the pace of implementation. Ta’ziz has urged JAFPP to hire a technical support person to reinforce the social marketing department using its grant funding but the association seems reluctant to move given the prospect of reduced project funding to subsidize its operations. Therefore, Ta’ziz will continue to support the JAFPP social marketing manager during project year 4 while advocating for the recruitment of a marketing specialist to provide marketing management support.

It proved challenging for the project to monitor the impact of the pharmacy detailing activities performed JAFPP Friends. JAFPP and the project therefore have agreed to cease this activity in year 4 and instead intensify the Friends’ outreach activities that include voucher distribution, as the association and the project can evaluate their impact by reviewing the redemption rate of referral vouchers. In addition, at our urging, JAFPP is now providing Friends outreach event schedules to the project, which allows Ta’ziz staff the opportunity to participate in and monitor the sessions.

Monitoring, evaluation, and research

The following summarizes research and evaluation activities the project conducted in year 3:

- Completed MWRA tracking survey for the third wave of the OCP social marketing campaign. This survey also serves as the baseline for the IUD social marketing campaign evaluation. A tracking survey for the IUD campaign will take place after the completion of the second wave of the campaign during year 4.
- Completed EBM/RH impact evaluation data collection and analysis from the randomized controlled study, and drafted report (project will submit final report in October).
- Completed first phase pilot study of the contraceptive coupon intervention (results inconclusive due to limited scope, expanding nationwide).

- Commenced and completed data collection, analysis and report writing for the qualitative evaluation of stakeholders' perception of JAFPP as a leader and advocate in Jordan's FP movement.
- Commenced and completed the controlled randomized pilot study of Careline, which justified the full implementation of the initiative.
- Commenced data collection for the evaluation study to evaluate the impact of the community outreach program and to evaluate whether counseling women only versus couples has a greater effect on contraceptive adoption, using a controlled randomized research methodology. Data collection and study implementation will continue through Q3 of year 4.
- Commenced preparation for the FP insurance pilot study; as a baseline, claims data from the previous year were collected from the two participating insurance companies, and endline data will be collected during Q3 of year 4. The data collection for the beneficiary survey will commence during Q1 of year 4 and the endline will take place during Q3 of year 4.

To ensure precision, reliability, and timeliness of monitoring of project activities, the project refined existing monitoring systems and further developed systems and tools, including the following:

- Monthly dashboard to track key performance indicators
- EBM detailing visit checklist, monitoring form, and database
- Training monitoring database
- NWD voucher redemption monitoring database
- Marketing event monitoring database
- NWD quality monitoring plan and tools
- Contraceptive choice coupon database

In addition, to ensure the validity and integrity of all collected data, the project implemented quarterly data quality audits. The data quality audits systematically examine data entry, storage, and analysis, ensuring high quality, useful information for the project.

Project management, administration, and finance

Human resources

New staff hires

1. Hana Farajallah, QA/QI Coordinator
2. Mays Halassa, Private Sector Alliances Manager (rejoined project)
3. Luma Batarseh, Private Sector Alliances Manager
4. Rawan Allouh, Office Assistant
5. Sarah Kamhawi, Monitoring, Evaluation and Research Officer

Staff departures

1. Nemat Sa'ad, Procurement and Contracts Officer (immigrated to Canada)
2. Lina Obeid, QA/QI Coordinator (relocated to Saudi Arabia)
3. Ansam Bizzari, Outreach Manager (relocated to Saudi Arabia)
4. Shirin Al Adwan, Private Sector Alliances Manager (pursuing graduate study in Canada)

5. Faten Khudair, Office Assistant (dismissed with cause)
6. Nadia Al Alawi, Monitoring, Evaluation and Research Advisor (half-time employee, left for personal reasons)

Recruitment

The project recruited a new procurement and contracts officer, Rasha Al Bira, who commenced working in her post effective October 1.

Budget realignment

The project realigned its SHOPS associate award and field support budgets and requested USAID consent, which it obtained through an associate award modification at the end of September. To recap project funding:

- SHOPS Jordan associate award: \$33,362,336 budget ceiling, through July 19, 2015
- SHOP Jordan field support: \$4,700,000 budget ceiling, through September 30, 2014

The primary rationale for the budget realignment was as follows:

1. Budget shifts: We agreed with the SHOPS Leader project team and its USAID AOR to shift two communication subcontracts and an outreach subcontract from the SHOPS field support budget to the SHOPS associate award budget, which would enable implementation of those communication and outreach activities closer to the end of the SHOPS Jordan project, which is July 19, 2015. In turn, the project shifted headquarters labor and field site labor costs to the field support budget for project year 4 (July 20, 2013 to July 19, 2014) to compensate.
2. Programming shifts: We had completed three years of project implementation, which enabled us to refine our program approaches as well as outline new approaches, which we reflected in the modified and realigned project budgets. For example, we increased investments significantly in demand side efforts in order to increase utilization of family services and products, consistent with our project mandate. The modified budget for example reflects increased spending for community outreach activities and method-specific social marketing campaigns. In addition, we allocated significant funding for a new performance-based grants scheme for NGOs.

Financial summaries

SHOPS Jordan associate award

Summary Line Items	Total Q4	Total FY 13
I. Home and Site Office Labor	200,630	897,627
II. Fringe Benefits	89,882	402,119
III. Overhead	63,629	313,674
IV. Consultants	21,541	44,557
V. Travel and Per Diem	49,545	137,306
VI. Allowances	39,322	160,133
VII. Equipment	26,207	117,633
VIII. Other Direct Costs	262,017	833,982
VIII. Subcontractors	878,585	3,616,890
IX. Handling Charge	19,453	79,361
X. General and Administrative	124,607	485,757
XI. Total Costs	\$1,775,419	\$7,089,039

BUDGET CEILING	\$33,362,336
OBLIGATED FUNDING	\$22,550,000
PIPELINE	\$4,898,460

SHOPS Jordan field support

Summary Line Items	Total Q4	Total FY 13
I. Home and Site Office Labor	29,231	92,732
II. Fringe Benefits	13,266	40,936
III. Overhead	15,172	51,375
IV. Consultants	2,541	7,338
V. Travel and Per Diem	0.00	4,691
VI. Allowances	0.00	0.00
VII. Equipment	0.00	0.00
VIII. Other Direct Costs	9,202	16,613
VIII. Subcontractors	440,996	1,516,377
IX. Handling Charge	9,314	32,017
X. General and Administrative	13,274	41,019
XI. Total Costs	\$532,998	\$1,803,100

BUDGET CEILING	\$4,700,000
OBLIGATED FUNDING	\$4,700,000
PIPELINE	\$2,896,900